



PTO/SB/22 (02-09)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                        | Docket Number (Optional)<br>80059(302721) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------|
| Application Number                                                                                                                                                                                    | 10/578,443-Conf. #2800 | Filed<br>May 5, 2006                      |
| For ELECTRIC SHAVER                                                                                                                                                                                   |                        |                                           |
| Art Unit 3724                                                                                                                                                                                         | Examiner               | Bharat C. Patel                           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                |                        |                                           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                       |                        |                                           |
|                                                                                                                                                                                                       | Fee                    | Small Entity Fee                          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                     | \$130                  | \$65                                      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                               | \$490                  | \$245                                     |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                             | \$1110                 | \$555                                     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                              | \$1730                 | \$865                                     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                              | \$2350                 | \$1175                                    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                       |                        |                                           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                |                        |                                           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                           |                        |                                           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                 |                        |                                           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .                 |                        |                                           |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                        |                                           |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                 |                        |                                           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                 |                        |                                           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,129</u>                                                                                                    |                        |                                           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                                                                |                        |                                           |
| <u>WLLB</u><br>Signature                                                                                                                                                                              |                        | March 20, 2009<br>Date                    |
| William L. Brooks<br>Typed or printed name                                                                                                                                                            |                        | (202) 478-7376<br>Telephone Number        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                        |                                           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                       |                        |                                           |

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